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# Worldwide Report

EPIDEMIOLOGY

No. 224



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1 April 1981

## WORLDWIDE REPORT

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MALARIA, YELLOW FEVER THREATS IN NORTHERN QUEENSLAND

Brisbane THE COURIER-MAIL in English 3 Mar 81 p 1

[Article by Phil Hammond, Medical Reporter]

[Text] Townsville and the north Queensland tourist industry face a potential threat from mosquitoes capable of carrying malaria, yellow fever and other dangerous viruses.

There is concern that the creation of huge expanses of water through development of the Ross River and Burdekin dams could present health hazards.

A Queensland Institute of Medical Research team has found the mosquito "anopheles farauti"--a common malaria carrier--close to Townsville's Laverack army barracks.

Near Townsville airport they also discovered the "aedes aegypti" species, a potential carrier of yellow fever and dengue fever. The fevers are known to have been spread worldwide by travellers.

An institute researcher said yesterday: "All we are saying is these mosquitoes are there. It would be a shame if income from tourism was reduced through an occasional outbreak of mosquito-borne diseases."

Ross River virus, another disease spread by mosquitoes, was discovered at Townsville. A scientist said yesterday the virus caused a type of arthritis.

An entomologist with the institute, Dr Brian Kay, said yesterday a three-year study of the Townsville area was being planned, to pinpoint the dangers of insect-borne diseases.

He said commonwealth and state health authorities, and the Townsville City Council were backing the study, but there was still a question mark over funding.

Dr Kay said: "With the Ross River dam being expanded five to seven times in 18 months, general mosquito activity could increase and people are a bit concerned about it. The same goes for the Burdekin Dam, due to be built by 1988.

"No one collected information on the Ord River project in Western Australia before flooding the area in 1973. Now it is the record area in Australia for viruses, especially Murray Valley encephalitis."

Scientists say Townsville already has had at least three epidemics of Murray Valley encephalitis.

Queensland's last malaria alert was in January, 1980, when a Health Department team flew to the Torres Strait islands to combat an outbreak in three island communities.

In 1979, 300 malaria cases were reported in Australia. In 1980 up to October there were 493 cases, including 19 that month in Queensland.

Royal Brisbane Hospital pathologist, Dr Robin Cooke, said all the cases involved people who carried the disease from overseas.

In one study, Dr Cooke found only 50 out of 100 people had taken anti-malaria tablets, and 48 of those had taken chloroquine--a drug which is considered not completely protective.

Most malaria victims had come from Papua New Guinea, he said. Dr Cooke urged travellers who planned to visit places where malaria was endemic to ask their doctors for a course of "maloprim fansidar" anti-malaria tablets.

CSO: 5400



AMA ADVANCES PROPOSALS FOR PUBLIC HEALTH FUNDING

Perth THE WEST AUSTRALIAN in English 4 Feb 81 p 4

[Text] Sydney: The Australian Medical Association wants unemployed people to be automatically eligible for free hospital and medical treatment.

The AMA has recommended that unemployed people receive pensioner health-benefit cards, giving them free pharmaceutical benefits, free public-hospital care and automatic eligibility to be bulk-billed by doctors.

Under proposed changes doctors who bulk-billed the Health Department for services to unemployed people would receive 85 per cent of the scheduled fee, as they do now for pensioners.

In the present system, doctors who classify unemployed people as disadvantaged patients can bulk-bill them but receive only 75 per cent of the scheduled fee.

Under the AMA proposal, disadvantaged people who were not eligible for a pensioner health-benefit card would receive a hospital bill for treatment, but the hospital would have the right to waive or reduce the bill.

According to the secretary-general of the AMA, Dr George Repin, the system differs from a means test because it does not "put a barrier at the door."

The number of disadvantaged patients would be small because of the new status of the unemployed and nobody would be refused access to a hospital, Dr Repin said.

Representatives of the AMA met the Prime Minister, Mr Fraser, and the Health Minister, Mr MacKellar, in Canberra yesterday to present a series of proposals for reforms in health insurance and hospital funding.

The major proposals include:

--An end to the present federal-State hospital cost-sharing agreements, as recommended in the report of the Jamison inquiry into the efficiency and administration of hospitals.

--Commonwealth medical benefits to be made available only to people who are insured for both hospital and medical benefits.

--Discount contribution rates for people who buy both types of insurance.

--Tax deductions for residual medical and hospital costs (the gap between insurance rebates and hospital or medical bills) to be available only to people carrying health insurance at basic or higher rates.

--No tax deductibility for the health costs of the uninsured.

The president of the AMA, Dr Lionel Wilson, said after the meeting that the AMA proposals provided a more comprehensive cover than at present for the needy, while encouraging those who could afford it to take out health insurance.

The Federal Government is expected to make changes to the health system before July this year, when it may face a hostile Senate.

It is considering the Jamison report, which included in its recommendations a number of measures to drive people into health insurance.

CSO: 5400

# ROW CONTINUES BETWEEN STATE, AHA OVER HOSPITAL FUNDING

Perth THE WEST AUSTRALIAN in English 24 Feb 81 p 4

[Excerpts]

**A \$60 million shortfall in Commonwealth and State Government funding will force public hospitals to cut services and jeopardise the quality of patient care, according to the Australian Hospitals Association.**

The association's executive director, Mr Errol Pickering, said that most hospitals in Australia were affected by the shortfall, but Victoria and NSW were the worst hit.

In a statement issued in Sydney yesterday, Mr Pickering said that unless governments provided more funds urgently, many hospitals would run out of money by May and would not be able to pay their bills or their staff.

"The situation is desperate," he said.

"The shortfall comes on top of three years of financial stringencies.

"Any fat that might have existed in the system has now been trimmed. Now we have to talk in terms of which heart unit or which cancer unit we are going to have to shut down."

## WAITING LISTS

He said that the first services to be affected would be non-urgent surgery which would have to be deferred, creating long waiting lists.

If there was not swift action, patient care would suffer.

Under the Federal-State cost-sharing agreement, the hospital budget was increased by 9.7 per cent this year, which would just cover the inflation rate.

But hospital costs were rising at a rate slightly higher than the inflation rate for a number of reasons beyond the control of hospitals.

Drugs had increased by 20 per cent and X-ray films, with their high silver content, by 70 per cent in the last year.

The main reason for financial difficulties was the increased use of public hospitals which disproportionately increased costs.

Both Federal and State governments had to share responsibility for the shortfall under the cost-sharing agreement.

In CANBERRA yesterday the Federal Government rejected suggestions that Australia's public hospitals might have to cut services because of financial stringency.

The association had its figures wrong when it said that hospital funding had increased by only 9.7 per cent this year, barely matching inflation.

Federal hospital funding, which was matched by the States, had increased by 13.3 per cent on a national basis this financial year over allocations for 1979-80.

Figures supplied by federal officials show that this increase ranged from 10 per cent in South Australia to 16.6 per cent in Tasmania.

Proposals for the Federal Government to shift financial and administrative responsibility for public hospitals to the States were discussed again by the Cabinet yesterday.

Officials said there would be no announcement on the matter because there would have to be consultations with the States.

The Opposition rejected the Government's view, saying that the financial situation in Australia's hospitals was critical.

AMOEBC MENINGITIS STRAIN FOUND IN SOME WATER

Pool Contamination

Perth THE WEST AUSTRALIAN in English 27 Jan 81 p 3

[Text] A second metropolitan swimming pool has been closed because of the presence of amoebas.

The pool is the Bassendean Town council's popular Rolf Harris water playground in Guildford Road.

The State Health Laboratories have not yet discovered whether the amoebas are of the dangerous amoebic meningitis strain.

Last week the Kent Street Senior High School swimming pool, used by the Education Department for vacation swimming lessons, was closed when amoebas of the amoebic meningitis strain were found.

Yesterday the Mayor of Bassendean, Dr J. Paterson, said the council closed the three small pools that made up the playground when it was advised by the Public Health Department that the amoebas were in the regular samples submitted by the council.

The Assistant Commissioner for Public Health, Dr K. Carruthers, said he was surprised to hear that the amoebas might have survived in water with a chlorine content of three parts per million.

Both the Bassendean and Kent Street pools were closed for normal safety precautions and could be opened again as soon as they had been tested and found to be clear of amoebas.

Tests by the State Health Laboratories for amoebas of the amoebic meningitis strain began last year when two children, one at Beverley and one at Merredin, died from amoebic meningitis.

--In Adelaide a 10-year old boy suspected of having amoebic meningitis was still in a critical condition in Adelaide Hospital yesterday. The boy is thought to have caught the disease in a Whyalla swimming pool last week.

## Reservoir Tests

Perth THE WEST AUSTRALIAN in English 31 Jan 81 p 8

[Text] Metropolitan Water Board tests have established the presence of amoeba in samples taken from bottom sediment in service reservoirs.

However, only one sediment sample carried the temperature-tolerant type of amoeba which could cause meningitis.

No temperature-tolerant types were collected from either the trunk and distribution systems or street reticulation.

The results of the tests--carried out since November 30 last year to coincide with the rise in water temperatures which favours amoeba development--were announced yesterday by the Minister for Water Resources, Mr Mensaros.

A total of 134 samples was taken in the testing period with 102 from distribution mains and street reticulation.

Amoeba was collected from 35 samples.

Eight samples carried the Naegleria group, but only one contained the Naegleria fowleri-type which is temperature-tolerant and potentially capable of causing amoebic meningitis.

Mr Mensaros said that, because the MWB recognised the vulnerability of reservoirs to the growth of amoeba and other common organisms, service-reservoir outlets were chlorinated despite the resulting concern over odour and taste.

Commenting on the release, a senior medical officer with the Health and Medical Services Department, Dr Richard Lugg, said: "These results were the first published data which establish that amoeba breed in undisturbed bottom sediment--though this has been theorised for some time."

He said that he knew of only two other places in the world monitoring amoeba presence in public water supplies.

One was in South Australia and the other in Strasbourg France.

It is understood that the reservoir sediment cannot be effectively chlorinated because it contains too much organic material.

Swimming-pool owners have been told that a pool with dirty water cannot be effectively chlorinated.

Provided it is not disturbed, sediment is considered certain to remain in reservoirs and not enter distribution mains.

All reservoirs are emptied and cleaned once a year.

### Adelaide Infestation

Perth THE WEST AUSTRALIAN in English 11 Feb 81 p 4

[Text] Adelaide: The amoebic meningitis organism that resulted in Whyalla boy's death two weeks ago has been traced to the town's water supply.

It has also been found in samples from the system supplying water to Port Augusta and Port Pirie.

Results of extensive tests to find the amoeba were released yesterday by the South Australian Health Minister, Mrs Adamson.

Stephen William Murray (10) died in Adelaide's Children's Hospital after contracting amoebic meningitis.

It had been feared that he contracted the disease after swimming in a public pool.

But Mrs Adamson said yesterday that tests on water samples from the Whyalla pool had failed to isolate the amoeba.

It had been found in the city's water supply but there was no health risk in drinking the water.

Mrs Adamson said that chlorine levels in all Yorke Peninsula and Whyalla water systems had been boosted after isolation of the amoeba.

### Corrective Action

Canberra THE AUSTRALIAN in English 12 Feb 81 p 3

[Article by Peter Blunden: "State Seeks Aid to Fight Killer Bug Disease in City's Water"]

[Text] The South Australian Government is seeking urgent Federal Government aid to combat a deadly amoeba in Whyalla's water supply.

Outraged residents are demanding immediate action to prevent the killer organism--already responsible for the death of a 10-year old boy--claiming another victim.

Chlorination levels have been increased but worried citizens are seeking stronger measures.

The Premier, Mr Tonkin, said Adelaide's proposed filtration plant would be deferred if it meant Whyalla, Port Pirie and Port Augusta could receive filtered water earlier.

But the State MP for Whyalla, Mr Max Brown, accused the Government of 'playing Russian roulette' with the people of the region.

He said: "People up here have lived with the danger for years and even if the Government goes ahead with installing a filtration plant immediately, it will take at least another 18 months."



A Whyalla boy, Stephen William Murray, died of amoebic meningitis, a rare disease, on January 28.

The city's two public swimming pools were closed because it was thought he had contracted the disease while swimming. Tests on the pools did not isolate the organism.

Microbiological tests on the city's water supply have revealed signs of the organism, *Naegleria fowleri*, which causes the disease.

#### Risks

The State's Minister of Water Resources, Mr Arnold, has talked to the federal Minister for National Development, Senator Carrick, on Commonwealth aid for a filtration plant.

The Minister of Health, Mrs Admason, said it was the first time the organism had been found in the Whyalla supply, although it had been detected previously at other points in the system.

"It must be emphasised that health risks do not lie in drinking the water," she said. "Any form of water-play which results in water being forced up the nose exposes those involved to the risk of infection.

"People should be reassured that there is continuous monitoring and testing of all the water supplies throughout the State."

The disease caused by the amoeba results in inflammation of the membrane of the spinal cord of the brain.

It occurs when the microscopic organism enters the body through the nasal passage. The amoebae burrow into the brain where they feed and multiply.

CSO: 3400

SNAILS FOUND AGAIN IN WATER SYSTEM; EFFECT DISPUTED

Perth THE WEST AUSTRALIAN in English 28 Jan 81 p 35

[Text] A Labor front-bencher called yesterday for a full statement on what action the Government was taking to overcome the problem of snails in water mains in north-eastern suburbs.

Mr B. T. Burke (Balcatta) said that the Government should say whether health and water authorities in other countries had been consulted.

He understood that British authorities had expertise in eradicating snail infestations.

The Government announced earlier this week that more snail shells had been found in the water system in the Bassendean, Eden Hill, Lockridge, West Swan and Malda Vale areas.

Mr Burke said there was reason for scepticism about the claim by the Minister for Water Resources, Mr Mensaros that there was no cause for worry.

The Metropolitan Water Board had hushed up the first outbreak.

When it was finally uncovered through the leaking of MWB documents, Mr Mensaros had dismissed it as being of no consequence.

Not Overcome

The recurrence of the infestation made it clear that it was a major problem that the board had not overcome, Mr Burke said.

"In the board's own documents doubts were raised about the health hazards that might result from decomposition of snail flesh," Mr Burke said.

Mr Burke, the Opposition's spokesman on water resources, said Mr Mensaros had given constant assurances that the water supply was satisfactory.

Despite this, water in many parts of Perth, especially in some northeastern suburbs, often smelt foul, tasted bad and was discoloured. [Mr Mensaros said on Monday that the fresh-water snails posed no threat to public health or to the quality of water.]



# MANY AUSTRALIANS GOING ABROAD CONTRACTING MALARIA

Canberra THE AUSTRALIAN in English 11 Feb 81 p 4

[Article by John Mulcair]

[Text]

AN INCREASING number of Australians travelling overseas are contracting malaria, according to a university health expert.

More than 600 cases were notified during 1980, which was three times the number in 1970.

The Professor of Tropical Medicine at Sydney University, Professor Robert H. Black, said yesterday a total of 620 cases was expected for 1980.

He said travellers most at risk were those who left the well-trodden tourist trails and visited the villages of South-East Asia. Tourists to Papua New Guinea were also at risk.

The greatest incidence of reported malaria has been in the 20-30 age group, with women slowly overtaking men.

Professor Black said that in 1979

474 cases of malaria were reported; 315 of them from the south-west Pacific.

There was concern that the area of Australia north of the 18th parallel was receptive to malaria. If conditions were right an epidemic could occur.

He said that while malaria could be treated by a few days in hospital for serious cases or a course of drugs at home, some malarial parasites were showing resistance to chloroquine, the most commonly used drug.

Combinations of drugs were used when this strain was encountered.

The Federal Department of Health has been notifying GPs of assistance for malaria cases and has also asked them to report cases.

The department also will be giving airlines and travel agents a booklet on health for travellers.

CSO: 5400

## BRIEFS

**YELLOW FEVER CONTROL**--Townsville is to get its first air-conditioned tourist accommodation with sealed windows. The Federal Health Department state director, Dr Peter Ulrich, said the house was reserved for people from the north of South America and the middle of Africa "who might have been bitten by a mosquito which might have carried yellow fever." If their yellow fever clearance was not up to date, those people would be required to spend a few days under Health Department supervision in the house, he said. Dr Ulrich said the Federal Government had to equip its own house for the purpose because there was no air-conditioned hotel in Townsville with sealed windows. The government was left with the task of finding a suitable house in Townsville. And because the passengers likely to use the building were likely to be travelling first class "less than salubrious" accommodation was out. Dr Ulrich said the chances of a passenger bringing yellow fever into Australia were highly theoretical, but precautions had to be taken. [Excerpts] [Brisbane THE COURIER-MAIL in English 29 Jan 81 p 3]

**HOSPITAL BED CUT**--Senior nurses yesterday predicted chaos if the Federal Government's Jamison Report is implemented. They claim the proposal to cut hospital beds would cause the country's community health services to collapse. These services meet about 80 per cent of the nation's health care needs. They were bitter, too, because the Jamison Report makes only "token" recommendations on nurses, who comprise about 60 per cent of hospital staff. The executive of the Royal Australian Nursing Federation yesterday condemned the Jamison Report, claiming it was "planning by panic," hastily researched and shoddy and superficial in what it proposed. The report and its 140 recommendations are now under committee review. After an executive meeting in Melbourne yesterday, the federation's NSW branch secretary, Miss Cecily Harte, said that among many services which would be overtaxed were community health centres, home nursing, baby care and school health programs. Miss Harte said: "With fewer beds, hospitals would have a quicker patient turnover, creating greater demand for non-hospital health services." [By Ted Knez] [Text] [Canberra THE AUSTRALIAN in English 2 Feb 81 p 2]

**SALMONELLA DISCOVERY**--Salmonella infection has been discovered at the Del Rasso Smallgoods Factory in Osborne Park. And yesterday the Health Minister, Mr Young, warned people not to eat the factory's products. The Health Department closed the factory on Monday after salmonella seftenberg was found in samples of silver-side and cabanos. Some machinery at the factory also showed evidence of infection, leading to the recall of about 70 types of smallgoods from retailers this week. Mr Young said in a press statement yesterday that he was concerned that

some infected products may be held by consumers despite the recall of stocks from retailers. "I suggest they be discarded straight away or returned to the retailer if they are from the manufacturer concerned," he said. "Salmonella is too serious to take lightly and it is foolish to eat any suspect food you have, simply because you think it is all right." Mr Young did not say what led to the discovery of the salmonella infection, nor when it was first traced to the Del Basso factory. [Excerpt] [Perth THE WEST AUSTRALIAN in English 3 Feb 81 p 1]

**CHILD DISEASE INCREASE**--Epidemics of whooping cough and rubella in Queensland are causing concern to state health authorities. The Health Minister, Mr Austin, said yesterday he was anxious because many fresh cases were being reported daily. He urged parents to seek immunisation for the many Queensland children in danger from the two infections. The Royal Children's Hospital had doubled its patient intake because of the epidemics. The hospital's paediatrician attached to the infectious diseases ward, Dr Ross Shepherd, said one child recently required intensive care for whooping cough and a death in future was a possibility. Dr Shepherd said normally Royal Children's Hospital isolated whooping cough organisms at a rate of eight to 10 a month, with another 20 cases rated suspect. He said: "In the last three months the monthly number of documented cases was 25, and we have seen a marked increase in the number of suspected, undocumented cases." Dr Shepherd said most of the whooping cough victims--children up to 18 months old--had never been immunised. [Excerpt] [Brisbane THE COURIER-MAIL in English 24 Feb 81 p 14]

**FLU VACCINE**--An extensive campaign is being launched to beat new strains of influenza expected this winter. The Commonwealth Serum Laboratory in Melbourne plans to release about a million doses of vaccine next month. New strains of flu, known as "Bangkok A" and "Singapore B", have been detected in Britain, Europe and Asia. Several cases of the Singapore type have already been diagnosed in Melbourne. A CSL spokesman said shots were recommended for the elderly, particularly those with severe kidney, heart and respiratory problems, and for people who worked in essential services. [Text] [Canberra THE AUSTRALIAN in English 26 Feb 81 p 3]

CSO: 5400

BOLIVIA

**BRIEFS**

**YELLOW FEVER OUTBREAK**--Health authorities have confirmed that there has been an outbreak of yellow fever in the town on Rincon de Tigres, 400 km east of Santa Cruz. Four people have died of the disease and 58 others are under medical treatment. The whole population of the town has now been vaccinated to prevent the spreading of the disease and orders have been given to also vaccinate the populations of the surrounding towns of San Jose, Robore, Santo Corazon and others. [La Paz Radio Illimani Network in Spanish 1130 GMT 21 Mar 81 FY]

CSO: 5400

**MEDICAL ASSOCIATION WARNS ABOUT HEALTH SERVICES' BREAKDOWN**

Accra GHANAIAN TIMES in English 19 Feb 81 p 8

[Article by Kojo Sam]

[Text] The Ghana Medical Association has warned that if immediate action is not taken by the Government to remedy the already deplorable situation at the hospitals, the country's medical service would grind to a halt.

Regretting that the medical service had been allowed to deteriorate to the deplorable state in which it is now, the association wondered why the service was allocated only £25 million this year whereas alcohol had £40 million and tobacco £30 million.

This meant that "the priority of the Government is more on drinks and cigarettes than the health of the people," it noted.

Professor CO Quarcoopome, president of the GMA, expressed these sentiments at a press conference at the Korle Bu Teaching Hospital in Accra yesterday.

The conference was organized in collaboration with the Ghana Registered Nurses Association, the Ghana Medical School and the Laboratory Technicians Association of Ghana to lay bare to the public the present horrible state of the country's medical service.

"People are dying in their numbers at the hospitals not because the doctors are not prepared to work but for the fact that essential drugs needed to provide the basic health needs are completely not available," the president pointed out and said:

"What is amazing is the fact that a lot of people are leaving the country every week to seek medical care overseas and contrary to expectation, foreign exchange are found for them to live in expensive hotels of their choice."

The GMA president made it clear that the association's attempt to lay bare the facts should not be misconstrued to mean an attempt to embarrass the Government or stir up the people against it.

Their aim, he said, was to impress it upon members of the Government the need to safeguard the health needs of the people.

He said one of the most tragic reasons for the inefficient running of the medical service was the constant change of Ministers of Health which never ensured continuity and coordination with those engaged in the medical profession.

CBO: 5400

## BRIEFS

**ANTI-BILHARZIASIS METHODS ADOPTED**--New measures have been announced by the Volta River Authority (VRA) to combat the incidence of bilharzia along the River Volta and the Lake Basin. Under the programme, fishermen along the lake would operate from "safe zones" and undergo periodic examinations as a means of containing the spread of bilharzia. These measures were announced by Mr P.K. Boateng, Senior Health Superintendent of the Authority, when a team of health personnel from the authority on Monday held a one-day school for chiefs and people at Fodzoku, in the Tongu District. Speaking on the theme "Prevention of Bilharzia" as part of the authority's health education programme, Mr Boateng, also indicated that swimming in the lake would be banned, and point from where fishermen take-off to fishing expeditions and land their catches would be sprayed periodically in an effort to combat the disease. More than 400 school children at Fodzoku later had their blood and urinals tested to determine if they had contacted the disease. Togbi Affum Asare III, Fiaga of Fodzoku, led the people to weed around sanitary structure and buried empty tins as part of the activities at the school. [Text] [Accra DAILY GRAPHIC in English 25 Feb 81 p 5]

CSO: 5400

## BRIEFS

CHOLERA LEAVES 75 DEAD IN INDONESIA--Jakarta, March 3 (Reuter)--At least 75 people have died from cholera in various parts of Indonesia, according to the semi-official national news agency Antara today. Worst hit appears to be an area of the southeast Molucca islands, where 65 deaths have been reported in an outbreak which began in the middle of last month. District officials reported a shortage of medicines to deal with the disease. Officials on the tourist island of Bali reported that a cholera outbreak there last week appeared to be abating. At least 10 people died and more than 600 had been treated in hospital in the islands main town of Denpasar. [Text] [Taipei THE CHINA POST in English 3 Mar 81 p 6]

CSO: 5400



## BRIEFS

POLIO OUTBREAK--There is an outbreak of polio in Kilgoris division of Narok District, and several children have been admitted in the hospital for treatment. The disease, which is said to affect children most, is reported to have started at Olaloi area and spread to other neighboring areas. Kilgoris hospital staff and the Ministry of Health have mounted a campaign in the division to bring the disease under control. [Text] [Nairobi Domestic Service in English 0400 GMT 16 Mar 81 LD/EA]

CSO: 5400

## BRIEFS

MENINGITIS CASES--Bamako, 10 Mar (AFP)--Thirty-one people died of cerebrospinal meningitis in Bamako during the months of February and March, Dr Ngolo Traore, the Malian Minister of Health, announced. According to the Health Minister, 146 cases of meningitis (of which 18 died) were recorded in the month of February and 103 new cases (of which 13 died) in the week of 2-8 March. Dr Traore stated that measures have been taken to treat efficiently all cases of meningitis detected and that vaccination teams have begun working in the district of Bamako. Finally, the minister expressed his gratitude to the governments of Niger, France, the FRG and the United States as well as the European Development Fund, UNICEF, and the World Health Organization for the generous contributions to Mali. [Text] [AB101236 Paris AFP in French 1030 GMT 10 Mar 81]

CSO: 5400

## REVIEW, STATISTICS &amp; RECENT CHOLERA OUTBREAK

Maputo TIEMPO in Portuguese 1 Mar 81 pp 10-11

[Text] After a recent outbreak last June, more cases of cholera were reported in the provinces of Maputo, Sofala and Nampula. During the last 2 months the reports increased and the National Directorate of Preventive Medicine is doing everything possible to check this latest outbreak.

According to information released by the national director for preventive medicine, Dr Jorge Cabral, 392 confirmed cases of cholera, 51 of them fatal, were reported nationally from 6 December to the middle of February.

The first cases appeared in the Pediatrics Infirmary of the Maputo Central Hospital. The children, carriers of the vibrio bacteria of cholera, were isolated immediately to prevent its spreading throughout the city. Eleven days later, however, more cases were found, outside the hospital, of persons who had contracted it because they were related to the hospitalized children, which led to opening another cholera isolation ward in Benfica Hospital and vaccinations were begun for persons who lived with the patients.

This cholera outbreak had a unique aspect: it was caused by a vibrio bacterium that resists all normal antibiotics.

No new case was reported in the capital between the end of December and 25 January. On the latter date cholera then appeared among adults in the Malanga neighborhood. Weeks later it spread to the Chamanculo and Alto-Mae neighborhoods. This time the patients were infected by a different microbe, responsive to all antibiotics and which was proven to be from a different source.

This reappearance with a different type of vibrio bacterium was explained by the confluence in that part of town around Labor Avenue of transport vehicles from Moamba and Ressano Garcia districts, where it had appeared since 8 January, probably brought across the border with South Africa, where it has been occurring on a large scale for nearly 3 months. To make matters worse, these neighborhoods have the worst sanitary conditions.

## Need for Control

To control cholera, however, a smaller number of residents have congregated in the city. The National Directorate of Preventive Medicine is making an appeal mainly

to the residents of the Chamanculo, Malanga and Alto-Mae neighborhoods to go to the vaccination points.

Moreover, bathing in the area between Ponta Vermelha and the Navy Club is forbidden.

Contracting cholera from tap water or from the workers at the hospital is out of the question.

Investigations are underway to find a possible source of contamination that fosters the disease, assuming it is caused by food.

Thus, 170 cases leading to 12 deaths were reported in Maputo Central Hospital, while in Benfica Hospital 78 cases were found, with 1 resulting in death.

Elsewhere in Maputo province, there were 28 suspected cases, of which 32 were confirmed, 15 of them fatal.

Heavy rains have been falling in the city of Beira, which has hampered effective control. From 20 January to 14 February, 112 cases were reported, from which 23 deaths resulted.

Nampula is the most recently affected province, more precisely the districts of Momba, Nacala-Velha and Monapo. After 3 weeks of surveillance, no cases were reported in the area. However, the difficulties of communicating with the districts and the appearance of some strongly suspected cases in recent weeks mean that the possibility of another outbreak occurring in that region cannot be ruled out.

Provincial directorates have a sufficient supply of medicines, vaccines and disinfectants to cope with cholera outbreaks.

Persons living in the affected zones must be vaccinated and maintain the necessary hygienic measures in order to avoid contracting and spreading cholera.

8834

CSO: 3400

## BRIEFS

CHOLERA REPORTEDLY UNDER CONTROL--Lagos, 9 Mar (AFP)--An outbreak of cholera which reportedly killed 140 people in south western Bendel state has now been brought under control, reports in the states newspaper, the SUNDAY OBSERVER said. The outbreak followed an interruption in water supplies from a pumping station forcing people to fetch drinking water from a nearby polluted river, the paper said. The state commissioner for energy and water resources said casualty toll had been exaggerated, but gave no new figures. [Text] [AB091731 Paris AFP in English 1518 GMT 9 Mar 81]

CSO: 5400

# OVER 137,000 CHILDREN DIE ANNUALLY IN EPIDEMICS

Karachi DAWN in English 12 Mar 81 p 5

[Text]

MULTAN, March 11: More than 17 lakh children are estimated to be affected by tuberculosis, whooping cough, measles and 'Ashan] Khannay' in the Punjab every year. Of these 1.37 lakh prove to be fatal cases.

This was disclosed by the Project Director, Health Department, Punjab, while inaugurating a centre in Multan area set up for preventive measures.

He said the Government had prepared a comprehensive plan to set up such centres in various parts of the province. Work on implementation of this plan is in progress since last year and so far 119 such centres have been established.

The Punjab Government decided to spend a sum of Rs 2 crore on a new residential scheme in Bahawalpur named 'Model Town C'.

The town will be spread over an area of about 150 acres of land.

Multan Municipal Corporation has decided to open 20 new primary schools — 10 each for girls and boys — in Multan city during the current year.

President of Kissan Board Multan Division, Doctor Syed Khawar Ali Shah, has said it was vital for the Government to adopt solid and effective measures for promotion of agriculturists.

Addressing a Kissan Conference in Khanewal tehsil he demanded immediate solution of all problems faced by agriculturist community.

He said it was vital to give attention to the development of backward rural areas for betterment of rural population.

He added it was a matter of great sorrow that due to non-development of rural areas people were shifting to urban centres and causing problems for citizens.

## HEPATITIS, JAUNDICE CASES REPORTED

Karachi DAWN in English 11 Mar 81 p 10

[Text]

While the "longest agonising spell" of measles in the City is not over yet, the advent of early summer is accompanied by early incidence of hepatitis and jaundice in Karachi the Secretary of the College of Family Medicine Pakistan, Dr. A. H. Naqvi, said.

Asserting that a "plenty of measles cases" were still being reported from Nazimabad and other localities north of Lyari, he said the disease was in virtual epidemic form this year and had some very distinguishable features, namely:

- infants of upto one year suffered, although vaccination is recommended at the minimum age of three;
- more-than-once infection was an "undeniable" observation; and
- artificially immunised children also contracted the disease.

Stating that "viruses in our observation had exploded the text books", he said it was an unpalatable food for thought for the health authorities and the virologists of the National Health Laboratory at Islamabad.

Research alone could give the exact answer, but the general observation has been that it was aided by close contact, overcrowding, high doses of infection, lower resistance of sufferers, malnutrition especially protein calorie deficiency, and declining breast feeding, etc.

On the other hand, storage and transportation of the vaccine is "surely not as desired" and results in the "dangerous sense of complacency and scientific self-deception".

The principle that "it is not possible to understand peoples health problems without under-

standing the circumstances from which they come", which includes job and living conditions, diet etc., inevitably leads to the conclusion that "our imported knowledge of medicine" needs re-orientation by acquiring facts, figures, and observations through indigenous research, he said.

"Unfortunately, caste system strongly prevails in medical and scientific society and our bureaucracy too has a colonial culture".

Add to it the "unfortunate situation" of over 80 per cent of general practitioners having no communication, exchange of notes and knowledge with those who matter notwithstanding the fact that the "wealth" of knowledge, research material, local facts and figures lie with them".

"Imported, redundant and long outdated knowledge and practices are prevalent to the detriment of peoples health" because the general practitioners have "no say, place or position with policy makers, government functionaries, and higher-up in the health hierarchy".

Like other national health programmes such as Population Planning, malaria control, and TB eradication, general practitioners have not also been associated with the extended immunisation programme, he said adding that in this situation "one will have to keep his fingers crossed about its results and success".

Since we have to live in the "viral age with common suffering of the upper respiratory tract infection like flu, cold, cough etc., systematic onslaught of measles, mumps, rubella, digestive tract infection like the gastroenteritis, hepatitis, jaundice, it was time to evolve and practice a community-based strategy for disease prevention, he concluded.

BRIEFS

GUANGDONG DISEASE-CONTROL MEETING--Guangzhou, 17 Mar (XINHUA)--Recently some 200 medical and public health experts gathered in Guangzhou, Guangdong, for a meeting to discuss control of a contagious disease known as dengue fever. The disease, carried by certain species of mosquitoes, has been epidemic in recent years in Southeast Asia, the West Pacific region and the Caribbean area. In the last 2 years cases of this disease have also been found in China's Guangdong Province and Guangxi autonomous region. As pointed out at the meeting, a greater chance for the disease to be brought in is envisioned with the development of tourism and increased contacts with foreigners. More than 30 academic papers and research reports were read at the meeting, and plans were formulated for controlling the disease, including the formation of a research and work-coordination group. Huang Zhuze, vice minister of public health, delivered an address at the meeting. [Beijing XINHUA Domestic Service in Chinese 0007 GMT 17 Mar 81 OW]

JIANGXI SCHISTOSOMIASIS CONFERENCE--A Jiangxi Provincial Conference on Prevention of Schistosomiasis was held in Nanchang from 28 February to 2 March. Xu Qin, standing committee member of the Provincial Party Committee and vice governor, presided over the conference. The conference conveyed the guidelines of the National Conference on Prevention of Schistosomiasis and made arrangements for this year's schistosomiasis prevention work in the province. Great achievements have been made in the past 20 years or so in prevention of schistosomiasis in Jiangxi Province. In the province's 34 schistosomiasis-prevalent counties and cities, 22 have now basically eradicated the disease. [Nanchang Jiangxi Provincial Service in Mandarin 1100 GMT 14 Mar 81 OW]

CSO: 5400



## INEFFECTIVE VACCINE CAUSES MEASLES EPIDEMIC

Nairobi DAILY NATION in English 7 Mar 81 pp 1, 20

[Text] DAR ES SALAAM, Friday

AN unusually severe measles epidemic sweeping Dar es Salaam for the past several months may be linked to ineffective and improperly administered vaccine, say health officials.

While statistics are still being compiled on the number of deaths, Health Minister Aaron Chidao said the outbreak had reached "alarming proportions," making the disease the "top killer" of children. In 1980 it accounted for only three per cent of deaths among children in hospital.

Measles is endemic in Tanzania but medical personnel report the current epidemic, which seems largely confined to Dar es Salaam, is exceptionally bad.

"This is the worst I've ever seen," said one doctor. "I've never seen children so sick from measles. So many are dying this time, including children who were vaccinated," said a nurse with years of experience.

According to several medical authorities, some batches of already expired vaccine were, until recently, used in Dar es Salaam on Health Ministry instructions.

Because laboratory tests determined the expired vaccine still had some potency, Ministry officials circulated a memo ordering it be used until the end of 1980.

But, according to one state government doctor, the vaccine was ineffective and the officials responsible for the memo are now trying to "disown it completely."

Dr Chidao, who only recently became Minister, denied knowledge of the directive and said he would investigate.

In addition, there is growing evidence that the entire measles inoculation programme, part of Tanzania's much respected preventative medicine campaign, may be less successful than supposed because spoiled vaccine has been used and children have been inoculated at too young an age.

Over the past decade, about 13 per cent of children in Dar es Salaam and 30 per cent nationwide have been vaccinated for measles.

—AP

## MEETING NOTES SPREAD OF RABIES, PREVENTIVE MEASURES

AU251938 Ljubljana DELO in Slovene 23 Feb 81 p 5

[Text] Belgrade, 23 Feb (TANJUG)--One of the most dangerous diseases--rabies, which is carried by animals--is dangerously threatening to spread further. This warning was heard at a recent consultative meeting in Belgrade at which veterinarians, epidemiologists and other experts discussed the increasingly frequent causes of rabies among animals. The highest number of rabies cases in the past three decades was recorded in our country last year.

As has been announced, two persons (in Kosovo) contracted rabies in Yugoslavia last year. As compared with 1979, this figure did not increase, but attention was drawn to the fact that if rabies are not detected and suppressed among animals, in time, this can be fatal; the Kosovo cases are evidence of this. For this reason one of the main statements made at the meeting was: rabies among wild and domestic animals must be detected in time. The following fact shows that the danger is not small: last year, in Slovenia rabies were detected in 593 animals, in Croatia in 147, in Vojvodina in 174, in Serbia in 15 and in Kosovo in 4 animals. Of 933 diseased animals among which rabies were established, 93 percent were foxes. The northern part of our country is thus most exposed to this disease.

At the consultative meeting it was noted that all responsible services must make greater efforts to eradicate rabies, particularly in those communes in which rabies have appeared among animals. Uniform measures must be taken to eradicate the disease, including killing foxes, stray dogs and cats and so on. It is also important that dogs are vaccinated and registered, a step by which it is possible to halt the spread of the disease to a great extent.

The consultative meeting noted that in future, the sociopolitical communities, units of civil defense and territorial defense, citizens individually and the public media must cooperate more in implementing these measures.

CS0: 5400

## BRIEFS

MEASURES AGAINST RABIES--When our last information on rabies in Bukavu went to press, the urban subregional authorities had already stepped into the breach. Thus, on 13 January, they ordered all dogs leashed, and mandatory destruction of dogs throughout the Bukavu urban subregion. This has met with a certain skepticism. Unfortunately, despite wide publicity, this decision will probably suffer from some lack of execution at the lowest levels. It is not easy to destroy all the stray dogs in an area as populous as Kadutu, for example. For it to be done systematically requires certain precautions. Perhaps that is why, as of 19 January, most of the dogs were not worried. They continued to stray both in neighborhoods and on public streets. They continue to sow panic among the population. Their owners remain imperturbable, thinking themselves untouchable. We believe this decision should be strictly enforced and that the authorities should make themselves felt among certain citizens who think they are always protected. Every dog should have to from time to time be seen by a veterinarian, so that if need be care could be administered. In any case, Bukavu has a temporary dispensary on bank of the Ruzizi II. Examples must be made of recalcitrants. [Mbula Wakavaka S.] [Kinshasa ELIMA in French 21 Feb 81 p 3]

CSO: 5400

## TREATMENT OF NATIONAL SERVICE TYPHOID VICTIMS

Lusaka TIMES OF ZAMBIA in English 10 Mar 81 p 1

[Text]

SOME 220 girls from the typhoid-hit Kuamfumu Zambia National Service camp in Mansa are still under medical care in Lusaka, Northern, Luapula and Copperbelt provinces, director of medical services and permanent secretary in the Ministry of Health, Dr Joseph Kasonde said yesterday.

Dr Kasonde said this when he briefed President Kaunda during his visit to the University Teaching Hospital to see 54 of the girls admitted there.

He said 154 of the 400 girls who escaped from the camp nearly one month ago were now under medical care outside the camp and a number of them had returned to the camp.

Dr Kasonde said 35 girls were being treated in hospitals in the Northern Province; 29 at Kitwe Central Hospital; 23 at Konkola hospital; 16 at Wusakili Mine hospital; 15 at Mufulira's Ronald Ross hospital; 14 at Kamuchanga hospital in Mufulira; 13 at Luanshya's Roan and eight at Thomson hospital; four at Kalulushi Mine hospital; two at Mansa hospital; three at Nchanga Mine hospital and one at Kabwe General Hospital.

Thirty-two of the girls were under observation: 17 were at Konkola Mine hospital; three at Kitwe Central Hospital; two at Ndola Central Hospital; one each at Ronald Ross hospital in Mufulira and Luanshya's Roan Antelope hospital; one at Kabwe General Hospital and one at Mongu's Lewanika hospital.

Two of the girls who were admitted at Mansa hospital

have been discharged," Dr Kasonde said.

He described the condition of the girls as "generally good" and said a number of them would be discharged soon.

President Kaunda said he was "very proud" to hear of what medical authorities were doing and commended doctors and nurses for arresting the situation.

The disease, which he described as dangerous, was not the only epidemic handled by the medical authorities and cited measles which had been contained despite problems authorities were facing.

In Luanshya Zana reports that 24 girls from the ZNS camp admitted at Thomson and Roan Antelope mine hospitals had been discharged.

Three of the 11 girls admitted are still undergoing treatment at Chibolya main clinic which has been turned into an isolation centre, medical officer-in-charge for the hospital Dr Mudili said.

Acting chief medical officer for Roan and Luanshya mine hospitals Dr George Adams said all the 13 girls who were admitted there were discharged yesterday.

ZAMBIA

**BRIEFS**

**MEASLES DEATHS**--The Ministry of Health in Kasama has launched an immunisation campaign against measles following the outbreak of the disease which has claimed the lives of 20 children since the beginning of the year, according to Kasama General Hospital medical superintendent Dr Parkash Jhamb--ZANA [Text] [Lusaka TIMES OF ZAMBIA in English 11 Mar 81 p 9]

CSO: 5400

## DISEASE, STARVATION AFFLICT BATONGAS

Salisbury THE SUNDAY MAIL in English 1 Mar 81 p 11

[Article by Nigel Adlam]

[Text]

THE small boy — unsteady on his matchstick legs — eagerly grasped his mother's shrivelled breast and sucked.

Nothing. The milk had dried up.

Under a nearby tree a tiny girl lay on a filthy mat. Her skin was loose and withered like an old woman's.

Next to her was a boy with red-tinged hair, a hideously bloated belly and wafer-thin limbs.

And so it went on . . . every few metres little bundles of wretchedness.

It was hard to believe that tots could have bellies so big, legs so skinny.

The sickening scene was the large dusty square behind Binga hospital on the shores of Lake Kariba.

The hospital has 50 beds but more than 100 in-patients. Most sleep outside on the square.

All the youngsters were suffering from the world's most unnecessary illness — hunger.

They were also afflicted with malaria or pneumonia or measles or abscesses or bilharzia or trachoma or diarrhoea or sores or gastro-enteritis.

Some had combinations of several diseases.

There were dozens of half-starved children huddled in small family groups with their mothers.

The men had stayed at home — caring for the children was left to the women.

It wasn't so much the individual children of hopelessness that shocked so much as the overwhelming volume of misery.

But the famished little boys and girls are only part of the tragedy swamping the Batonga people of Omay, Siabwua and Manjolo rural districts.

Nearly all are grossly underfed. There is hardly a child without a pot-belly — the grotesque symbol of severe malnutrition. Hunger stalks every kraal.

The people are surviving by eating a tasteless thin porridge of water and pounded roots and grass seeds. A wild onion is a luxury.

It is not known if anyone has actually lain down and starved to death — but hunger severely weakens resistance to disease and malaria, pneumonia and measles have taken a heavy toll.

Health workers estimate that more than 90 percent of the people are malnourished. Forty percent of children

die before they reach the age of three.

## WIDESPREAD

Bilharzia is endemic, thousands carry malaria. There are more than 1 000 lepers. Tuberculosis is widespread.

There are about 80 000 Batonga in the three lakeside districts. They are the poorest, most primitive, most uneducated, most isolated, most underdeveloped people in Zimbabwe.

There are only two clinics and 27 schools. The only hospital — and tarred road — is in the former European enclave of Binga.

Stores are few and far between — and expensive. One shopkeeper charges locals 85 cents for a 200-gramme tin of beans.

The clinics are terribly overcrowded and short-staffed. The schools — usually a couple of big huts — often have more than 300 pupils and only two teachers.

When the Zambezi River was dammed and the valley flooded to make Lake Kariba in 1956 there were 40 000 Batonga.

They believed that the river god, Nyami Nyami, would never allow such interference.

But 25 000 people were forced to leave their

homes on the fertile alluvial banks of the river — where they reaped two crops a year — for higher, stony ground.

Many did not quit until the rising, swirling waters threatened their villages.

The Chitonga-speaking Batonga are starkly different from all other Zimbabweans.

The women decorate themselves by tattooing their faces and stomachs and wearing brightly coloured beads, ear-rings and headbands.

Many also pull out their front four teeth. Older women wear painted shafts of wood through their noses.

One of their greatest pleasures is to smoke tobacco through water from a calabash pipe.

### SUPERSTITION

From this habit grew the myth that the Batonga are the country's biggest dagga-smokers. Very few, in fact smoke it.

Their lives are dominated by superstition, witchcraft and ancestral spirits.

Up until a few years ago twins were killed by the parents because they were thought to be against the spirits.

The Batonga burden begins with the tsetse fly.

The hot, steamy valley — where temperatures are often well over 40 deg. C in the summer — is heavily infested with tsetse, which stops the people from keeping cattle.

This deprives them of a source of wealth, food and, most important of all, pulling power.

They have to till the land by hand — a difficult, backbreaking task.

Even a man with a large family can only work a small plot. It is never enough. Food always runs out.

When the granaries are empty the Batonga live on what the bush will give up — roots, grasses and onions.

A few make crafts for sale. By the time their

work reaches Salisbury and Bulawayo it shows a mark-up of up to 1000 percent.

Many have menfolk working on commercial farms. A few dollars are sent now and again.

Chief Negande of Omay said: "My people cry out in hunger every year."

And Chief Mola complained: "The old governments never gave us help."

But Zimbabwe has not forgotten the Batonga.

A Government scheme to feed undernourished children has just started in the area and a clinic for Chungu in Siabuwa is promised.

Devag, the Department of Agriculture, has given out thousands of seed and fertiliser packs.

For many it was the first time they had even seen fertiliser. The more traditional refused to use it.

But agricultural extension assistant Tymony Masuku, who is based in Negande, said: "They can now see that their neighbours have better crops because of fertiliser."

"They will use it next year."

Devag is also trying to wean the Batonga off their traditional millet — rongwe — which takes eight months to mature.

"Such a long-growing millet aggravates hunger," said Mr Masuku.

The three-month Red Swazi variety has been introduced.

New types of maize are being used. And several farmers are this year growing their first cotton crop, which will bring much-needed cash to the community.

But Mr Masuku admitted the root cause of the crisis was the tsetse and poor soil. He said all the annual rain falls within 80-100 days.

Elephants, baboons and wild pigs raid the crops.

Elephants and crocodiles kill several Batonga each year.

### PROGRAMME

Several charities have also remembered the people's plight.

Save the Children has launched a big school feeding programme. Youngsters are given mahewu, a mixture of water, mealie meal and sorghum, during their mid-morning break.

The aim is to feed the children — and lure them to school.

Since the project started headmasters report a fourfold rise in school attendance.

But teachers also say that many are so listless from hunger that they can't come to school.

Others are kept away by their old-fashioned parents.

"This is the first year that anything has really been done for these people," said a Siabuwa health worker. "Before they were totally neglected, left to live or die."

"It will take the Government a couple of years to get on top of the chronic underdevelopment of the Batonga — but our leaders have the will to succeed."

"At last there is light at the end of the tunnel."

The people there are expected to reap their best harvest for years this season.

But it will not be enough to see them through the year.

Mrs Magorisa Ngwenya, of Nkira, Omay, said: "My cro will last until September — much longer than last year."

"My granary will be empty from then until the next harvest in May."

"Every year it is a struggle to live."

Last year was the worst for a long time. Many men drove their wives and children from home because they couldn't feed them.

There is disagreement over whether anyone has starved to death this season.

The four Omay chiefs — Mola, Nkira, Negande and Msampakaruma — say: "No."



Chief Negande said the last man to starve was in 1960.

But health workers say: "Yes."

Mrs Epiphania Mapfumo, medical assistant at Arwa-Amunvama clinic in Siakobvu, Omay, said: "I don't personally know of anyone starving to death but I'm sure many have. They would die in their villages."

"Hunger is everywhere. Children are dying from the simplest sicknesses merely because they are hungry."

She said most of her 20 patients a day were children suffering from marasmus — general hunger which causes the loose, shrivelled skin — and kwashiorkor — chronic protein deficiency which makes the hair go red.

Ninety kilometres to the south at Siabuwa clinic, medical assistant Benedit Chinaka told the same grim story of hunger and disease.

"I have no food to give the young ones," he said in anguish.

He added that when

children staying at the small clinic become very ill, the mothers come and take them back to the villages. There they die.

"The people are so uneducated that they don't realise the full value of medicine," he said.

Mr Chinaka explained that a mother's protein-rich milk often dried up if she was hungry.

She was then forced to feed her child on protein-deficient sadza, Kwashiorkor.

Health workers feed the mother well rather than the child when this happens. She produces nutritional milk again and the baby fattens.

"But the mother goes away and is soon hungry again," said Mr Chinaka. "It's a vicious circle."

But hunger and disease and underdevelopment has not broken the spirit of the atonga.

They still laugh, smile, dance and sing. The drums throb and kudu horns drone in the kraal at night.

For there is always hope — it is the one thing the people have in plenty.



# ILCA FIGHTING TRYPANOSOMIASIS, EAST COAST FEVER

Nairobi DAILY NATION in English 10 Mar 81 p 4

(Text) SLEEPING sickness is the most serious disease threatening livestock in Africa.

The disease, better known as trypanosomiasis, is carried by tsetse flies and makes 10 million sq. km. of land inhabitable to all types of livestock.

It causes an annual meat production loss of Sh 20 million.

"African herds produce less than 20 per cent of the meat and milk they are capable of producing if improved management and available technical innovations were employed," experts on animal production say.

The current annual budget for the Addis Ababa-based International Livestock Centre for Africa (ILCA) is about Sh 90 million, according to The Centre, a publication of the Africa Caribbean Pacific group and the European Economic Community.

## Research

ILCA is a research and information institute supported by the Consultative Group on International Agricultural Research.

The centre was set up in 1971 to fight livestock diseases such as sleeping sickness and East coast fever. Besides doing research, ILCA is directed to gather and put together information on animal production and distribute it to other authorities.

ILCA's research covers animal and plant life, the environment and social and economic factors affecting livestock production.

According to Kenya's Livestock Development Minister, James Oguni, east coast fever still remains one of the major constraints to the development of the industry here.

# REORGANIZATION OF ANIMAL QUARANTINE SERVICE PROPOSED

Brisbane THE COURIER-MAIL in English 16 Feb 81 p 10

[Text] Sydney--The Federal Government should transfer the administration of the Australian Animal Quarantine Service from the Health Department to the Primary Industry Department as a matter of urgency, the Australian Veterinary Association president, Dr W. J. Pryor, said yesterday.

Speaking after a meeting of the council of the association in Sydney, Dr Pryor said that it did not occur to most people in the livestock industry that officers from the Department of Health were also concerned with animal as well as human quarantine.

"It is an absolute anomaly that a group of doctors are the ones who have ultimate control over animal quarantine procedures," he said.

"Although there is a competent cell of veterinarians in the department in Canberra, it is still small, and reports to a medical hierarchy which has little understanding of the rural scene."

Dr Pryor said that over a year ago the Senate Committee on National Resources had recommended that animal and plant quarantine procedures be transferred to the Primary Industry Department where an animal and plant protection service should be established.

"That recommendation had the full support of the agricultural and veterinary professional associations, rural producer associations and the Australian Veterinary Association, but to date, no action has been taken," he said.

Dr Pryor said that Australian veterinary quarantine procedures were satisfactory but a lack of personnel and resources still left the possibility of a "ruinous" outbreak of exotic disease.

Beside the huge cost in combating any outbreak, Australia would lose at least \$1500 million in livestock and meat export earnings, Dr Pryor said.

Dr Pryor was also critical of what he saw as a lack of communication between senior officers of the Health Department, quarantine officials and the veterinary profession in general.

"The fact that members of the media knew about the outbreak of vesicular disease in pigs in New Zealand before some quarantine officers is an indication of this," he said.

Meanwhile, the presence of foot-and-mouth disease has not been detected in the first round of tests at the Pirbright World Virus Laboratory in England on tissue taken from the suspected New Zealand pigs.

"Our discussions with Pirbright scientists lead us to be cautiously optimistic that we are not dealing with any known vesicular disease," said the communications director of British Agriculture Ministry, Mr Peter Trim yesterday.

The first stage of tests depended on there being demonstrable virus in the tissue sent from New Zealand. The second, involving the use of cultures to multiply any viruses that might be present, will take another 36 hours.

The presence of foot-and-mouth or swine vesicular disease cannot be finally ruled out until a 14 day animal inoculation period, however.

**ACTION NEEDED TO IMPROVE BARS TO IMPORTED DISEASES**

Canberra THE AUSTRALIAN in English 24 Feb 81 p 19

[Article by Vernon Graham]

[Excerpts] New Zealand's foot and mouth scare has again emphasised--if any fresh emphasis was needed--that Australia's defences against serious exotic animal and crop diseases and pests are flimsy.

Thousands of people and tonnes of freight from every point on the globe spill into New Zealand and Australian airports each day.

The work load has become so great that Australian plant and animal quarantine officers are fighting a losing battle to keep out prohibited imports.

The Federal Government should upgrade the quarantine service immediately with more funds, more officers and harsher penalties for the smuggling of prohibited goods.

Much more surveillance is needed in northern Australia where large chunks of coastline and many airstrips are largely unguarded.

While the Government is tightening up security measures at airports and wharves it should also speed up the completion of the maximum security animal health laboratory at Geelong, Victoria.

This laboratory, due for completion in late 1983, is urgently needed to carry out the type of diagnosis tests which now have to be done at Pirbright, or in South Africa.

CSO: 5400

## BRIEFS

FOOT-AND-MOUTH DISEASE REPORT--Lower Austrian veterinary authorities believe that the danger of a spreading of the isolated hoof-and-mouth disease cases in the Thalheim and Poenning region is virtually over. Restrictions outside the quarantine zone have been eased and will be completely lifted next weekend when the protection by vaccination is fully effective. To prevent a spreading of the disease, 2,500 hogs and 200 head of cattle had to be killed and their carcasses destroyed. The farmers concerned suffered damages of about 15 million schillings. [Summary] [AU182028 Vienna WIENER ZEITUNG in German 17 Mar 81 p 6]

CSO: 5400

BRIEFS

RANIKHET DISEASE OUTBREAK--Srimangal, Feb. 15:--A large number of poultry birds died of Ranikhet disease which broke out in an epidemic form through out Srimangal. The worst affected areas are Srimangal, Baracora, Denaton, Mirzapore and Bhunabir. The people of the area expect the authorities concerned to take proper steps to check the disease. [Text] [Dacca THE BANGLADESH OBSERVER in English 17 Feb 81 p 11]

CSO: 3400

## FOOT-AND-MOUTH DISEASE 'RAMPANT' IN MADRAS

Madras THE HINDU in English 18 Feb 61 p 12

[Text] Foot and Mouth, an acute viral disease of cattle, is rampant in Madras and its neighbourhood.

The febrile disease affecting cattle, buffaloes, sheep, goats and pigs leads to heavy economic losses. Infected animals turn dull, register a sudden drop in milk yield and ultimately become sterile. Exotic and cross-bred cattle are more prone to the attack and suffer seriously. Young calves often succumb to the infection.

In cattle, high fever, lesions in mouth, tongue, hooves and in udder of cows are the manifestations of the disease. Long ropes of saliva hanging from the mouth is another distinct symptom of the infection.

The disease-spread could be effectively controlled by preventive vaccines readily available in the market, according to Dr. V. M. Ramaswamy, Dean, Madras Veterinary College. The Department of Animal Disease Investigation and Control, well equipped to tackle out-breaks of livestock diseases in the State had been offering all assistance to cattleowners in the city, to check this disease, he said.

Vaccination once every six months has been recommended for cattle starting from four months of age, to protect against the scourge. Even very young calves of six-week old, can be protected with the vaccine. [as published] In the case of suckling calves, when the mother is infected by foot and mouth virus, it has been advised to feed the young ones with boiled milk, instead of direct suckling.

CSO: 3400

## PRK EXPERIENCING HOG VIRUS

BK251028 Phnom Penh Domestic Service in Cambodian 1100 GMT 23 Feb 81

[Summary] "Swine pest [peh chruk] is a virulent epidemic which seriously plagues swine throughout the country. At present, this disease continues to occur intermittently, causing serious damage to hog breeding and great losses to the national economy. The mortality rate may be from 60 to 100 percent. This disease strikes in the hot or extremely cold season. It is caused by an extremely potent ultravirus with a long lifespan. This ultravirus lives 3 months in the blood, 37 days in smoked pork, 73 days in salted pork, and 24 hours at 60 degree celsius."

To destroy this ultravirus we need a mixture of 6 percent cresyl water, 20 percent quick lime and 2 percent potash water.

Most susceptible to this disease are various swine and boars. Contamination can take place through the alimentary tract, eyes, nostrils and pores. The ultravirus can be found in water from pigpens, the saliva, tears and urine of infected hogs and contaminated fresh or conserved pork. Flies and rats may also carry this disease.

In general, the symptom of this disease in its acute form is a high fever of 40 to 41 degrees celsius. A day or two later, the stricken animal shows signs of trembling, refuses to eat and walks unsteadily, half paralyzed. Eyes swell with putrid tears, and sometimes the animal becomes blind. Pneumonia or pleurisy follows. Red pimples are seen on the skin. This disease causes miscarriage in pregnant sows. In the superacute form, the animal can die quickly, in 4 or 5 days.

The carcass of an animal killed by the acute form of the disease is covered with red pimples, while that of a hog killed by the superacute form has no specific signs. Autopsy reveals swollen lungs coated with a clear liquid and small red pustules.

Swine pest mostly afflicts hogs over 6 months old.

"In order to prevent this disease, thorough hygiene should be observed. Pigpens should be sprinkled with quick lime, cresyl, potash or boiling water. Avoid feeding hogs moldy fodder. Avoid mixing sick hogs with healthy ones. New hogs should be kept in quarantine from 10 to 20 days to ascertain that they are sound. Sick hogs or contaminated pork should not be transported from one place to another. Vaccination is obligatory. The vaccine is called anti-porcine pest vaccine. Carcasses of stricken hogs should be buried deeply after being chopped into small pieces and soaked with kerosene or cresyl water."

CSO: 5400

**CATTLE DISEASES SPREADING**

Nairobi DAILY NATION in English 7 Mar 81 p 6

[Editorial]

[Excerpt]      Milk and-beef production have deteriorated in many districts, including Uasin Gishu, because of the spread of cattle diseases. The spread of Foot and Mouth disease and East Coast Fever has been tremendous in the past year and areas which hitherto had been clean have received the disease since some traders move cattle without paying attention to quarantine regulations. Districts which have been important sources of milk, like Nyeri, have very little now because of the ravages of disease. We must all understand that the illegal movement of diseased stock does major harm to the livestock industry and that it takes many years to rebuild milk and beef herds once they have been devastated by disease.

CSO: 5400



## WEED POISONOUS TO ANIMALS FOUND IN AUCKLAND REGION

Auckland THE NEW ZEALAND HERALD in English 20 Feb 81 p 12

[Text]

**Herald Correspondent  
Matamata**

A new weed, tentatively identified as Neoguera Burr (*Xanthium Chinese Mill*), has been found on a farm near Matamata.

Ministry of Agriculture and Fisheries field officer Mr Richard Ward says it is the only report of the weed within the Auckland region.

It is one of the most serious weeds of pasture and cultivation in Australia, particularly in Queensland and New South Wales where cattle, sheep and pigs have been poisoned through eating young plants.

Neoguera burr was being sent to the New South Wales Government botanist as early as 1888 for identification. In 1897 it was present on 300 acres of the Neoguera estate near Brisbane.

There are areas of the weed among stock grazing on the Matamata property, but no poisoning has oc-

curred. Most of the weed is growing prolifically in an asparagus crop and has spread over two adjoining properties.

Neoguera burr can grow two metres high and has spreading branches covering an area two metres in diameter. The stems and branches are rather rough and somewhat ribbed. The leaves, which are on slender stalks from 60 to 120 millimetres (2½ to 5in) long, are heart-shaped at the base.

The flowers are inconspicuous and the fruit or "burr" grows up to 25 millimetres long in clusters from two to 15 on short stalks. It is a native of North America.

Mr Ward believes the weed will not be difficult to eradicate. But he said it would be a year or two before it was clear because it was not known how much seed was in the ground.

Mr Allan Ester, of the Department of Scientific and Industrial Research's botany division at Mt Albert, is working on the positive identification of the weed.

## BRIEFS

THAI BINH PASTEURELLOSIS--Pasteurellosis is reportedly spreading in certain areas in Thai Binh Province. In Dong Hung District alone, more than 2,000 hogs have suffered from Pasteurellosis and hundreds of others have been killed by this disease. The hog populations in other districts including Hung Ha, Vu Thu, Kien Xuong, Thai Thuy, Quynh Phu and Tien Hai have also been sharply reduced. The province has inspected the epidemic situation and has launched a vaccination drive to protect its hog population. [Hanoi Domestic Service in Vietnamese 0400 GMT 11 Mar 81 BK]

CSO: 3400

## BRIEFS

**DIEBACK PROBLEM**--People must change their attitudes towards native trees or risk losing them altogether, forest entomologist Mr Ross Wylie said yesterday. There was no technical solution to the dieback disease which was killing large tracts of native eucalypt forests and river oaks in Australia, he said. In New England, New South Wales, there are more than 8000 sq km of dead trees. Dying trees are also widespread in Western Australia and Victoria. Mr Wylie said: "Man's mismanagement of them is the most significant factor in the widespread death of trees." He said subtle ecological balances were not taken sufficiently into account in development projects. "Traditionally seen as a hardy tree, the eucalypt will always grow back after some natural disaster," said Mr Wylie. "But if constant environmental stress kills them off, they won't grow back." He believes there will be serious consequences to agriculture and wildlife if dieback continues at the present rate. "But there is no easy solution, because there is no one cause," he said. There was no government-funded or coordinated research program in Australia to study the problem. [Text] [Brisbane THE COURIER-MAIL in English 12 Feb 81 p 25]

CSO: 5400

VIETNAM

BRIEFS

RICE PESTS IN DONG THAP--To date Dong Thap Province has planted winter-spring rice on 63,000 hectares or 95 percent of the planned acreage. Meanwhile, some 20,000 hectares of this rice has been ravaged by brown bugs, armyworms and leaf rollers. The Provincial Material Supply Corporation has supplied various localities in the province with 10,000 tons of fertilizer and 70 tons of insecticide to help them care for and protect riceplants against harmful insects. [Hanoi Domestic Service in Vietnamese 0400 GMT 10 Mar 81]

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